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SERIAL NUMBER 10/644,571	FILING OR 371(c) DATE 08/20/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. END-5106 -515143
APPLICANTS Robert Hugh McKenna, Cincinnati, OH; Jean Michael Beaupre, Cincinnati, OH;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/14/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> Initials		STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 25
Verified and Acknowledged Examiner's Signature Initials		INDEPENDENT CLAIMS 3		
ADDRESS 26874				
TITLE Method and apparatus to facilitate nutritional malabsorption				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	